


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>559022000300  |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
|--|------------|---|-------------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|---|--------|-------|----------|---|--------|-------|-------------|--|--------|--------|----------|
| Application Number<br>10/580,636   |            | Filed<br>November 24, 2004 (Int'l)  |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| For A MODULAR CATHETER   |            |   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| Art Unit<br>3736   |            | Examiner<br>Not Yet Assigned  |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ 1,590.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. Transmittal Letter to the United States Designated/Elected Office form (PTO-1390) is attached to this submission in duplicate.</del></p> |            |   |             |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 1,590.00 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225   | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$ 1,590.00 |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080  | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <p>09/07/2007 MKAY PUGH 00000129 031952 10580636</p> <p>02 FC:1254 1590.00 DA</p>  |            |   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,199</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p>  |            |   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <br>_____<br>Signature<br>Lisa A. Amii<br>_____<br>Typed or printed name  |            | _____<br>September 4, 2007<br>Date<br>_____<br>(650) 813-5674<br>Telephone Number |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>   |            |   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |
| <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>  |            |   |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |             |  |        |        |          |